

Karen House, Medical Eligibility Program
Manager, Office of Client and Community
Services/Healthy Kids, Oregon Health Authority

Authorized Signature

Number: SS-IM-12-015

Issue Date: 4/16/2012

Topic: Medical Benefits

Subject: Miscellaneous Questions and Answers for Medical Policy

Applies to (check all that apply):

- | | | | |
|--------------------------|-------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | All DHS employees | <input type="checkbox"/> | County Mental Health Directors |
| <input type="checkbox"/> | Area Agencies on Aging | <input type="checkbox"/> | Health Services |
| <input type="checkbox"/> | Children, Adults and Families | <input type="checkbox"/> | Seniors and People with Disabilities |
| <input type="checkbox"/> | County DD Program Managers | <input checked="" type="checkbox"/> | Other (please specify): CAF SSP
transmittal group |

Message: Following are recently asked medical policy questions.

DHS 945 Related Questions

Scenario: Jane and her child are receiving MAA only (they are not getting TANF) which ends 02/2012. In January the [DHS 945](#) is mailed and the CM case is automatically updated with a 1/15/12 date of request (DOR) and a BED date of 03/2012. The client does not contact the office until 03/20/2012 when she turns in the [DHS 945](#).

Question 1: What is the budget month?

Answer 1: *The client did not contact the agency within 45 days of the 1/15/12 DOR. The new DOR is 3/20/2012 and the budget month is March.*

Question 2: The eligibility decision was processed on 3/21/12 and Jane was determined eligible for OPU (her child is OPC eligible). Do I need to wait to reduce to OPU until I can send a 10-day reduction notice?

Answer 2: *No, a reduction notice is not required. Jane did not respond within 45 days from the original 1/15/12 DOR and the 77B (BED) close notice for failure to respond to the pend notice has already been sent addressing that DOR. The approval notice for*

OPU is sent automatically when you update the eligibility and is the only notice needed to tell Jane what her benefits will be from the CM system. MMIS will also send a notice listing the change in Jane's benefits. Use a COMPUTE action effective 04/01/12 and update Jane and her child's medical coding. Change the start date on CMUP to 04/01/12.

Question 3: If there is not enough information to determine eligibility prior to 03/31/12, should I extend the BED date?

Answer 3: *No. The client did not respond to the original pend notice (the [DHS 945](#)) within the 45 days and the 77B(close) notice was mailed 3/15/12. Allow the case to close 3/31/12 while the redetermination is being processed. If eligible for 4/1/12, you will reopen her medical effective 4/1/12.*

Question 4: What if the eligibility decision isn't processed until after 3/31/12, and Jane is now only eligible for OPU. Since the case was allowed to close, would she be considered a new applicant and have to get on the Standard Reservation List?

Answer 4: *No. Because the 3/20/12 DOR is prior to her 3/31/12 medical end date she would not be considered a new applicant for OPU.*

Question 5: What if the eligibility decision isn't processed until after 3/31/12 and Jane is no longer eligible for any medical program, what notice(s) do we have to send?

Answer 5: *Send the [DHS 462A](#) and a [DHS 456](#) denial listing the specific reason why Jane is not eligible for medical.*

Budgeting

Question 6: I have been told to convert income for MAA and MAF cases at redetermination. What if the case is currently OHP and if the case is now potentially eligible for MAA/MAF, can I use actual income in the budget month?

Answer 6: *It depends on whether everyone in the OHP benefit group is everyone who would be potentially in the MAA or MAF benefit group. MAA and MAF use prospective budgeting. Prospective budgeting rules allow actual income to be used in the "initial month" and then require the income to be converted for "ongoing months."*

Initial Month: the first month a benefit group is eligible when they have never received benefits or there has been a break in benefits of at least one full calendar month.

Ongoing Month: any month after the initial month.

Following are two examples illustrating this concept for redeterminations:

Example 1: *Mom and child in filing group, child is currently receiving CHP. Mom is not receiving medical. A [DHS 945](#) is submitted; both mom and child are requesting benefits, mom is receiving UC of \$100/week gross. Because mom does not currently have medical you can consider the budget month an "initial month." Count actual income in the budget month and then convert income for ongoing months.*

MAA Calculation: Budget month = \$100 x 4 actual pay dates = \$400, household is income eligible for MAA Ongoing months = \$100 x 4.3 = \$430, household is over-income for MAA.

Decision: Assuming the family meets all other requirements, mom and child will be eligible for MAA and should then be considered for OHP the next month.

Example 2: Mom and child in filing group, mom is receiving OPU, child is currently receiving OPC. A [DHS 945](#) is submitted; both mom and child are requesting benefits, mom is receiving UC of \$100/week gross. Because everyone in the OHP benefit group is everyone who would be potentially in the MAA or MAF benefit group, there is no “initial month,” there are only “ongoing months.” In this scenario, use converted income for the budget month.

MAA Calculation: \$100 x 4.3 = \$430, household is over-income for MAA in the budget month.

Decision: Mom and child are not eligible for MAA. Determine eligibility for OHP.

Example 3: Mom and child in filing group, mom is receiving OPU, child is currently receiving OPC. A [DHS 945](#) is submitted; both mom and child are requesting benefits. Mom is self-employed and has been doing her business for a couple of years. Mom indicates that last year’s income is representative of this year’s income. This month, the budget month, she only anticipates earning \$300 and her costs will be \$50. Her annual income is \$36,000 and annual costs are \$10,000. Because everyone in the OHP benefit group is everyone who would be potentially in the MAA or MAF benefit group there is no “initial month,” there are only “ongoing months.” In this scenario use annualized income for the budget month. For MAF, use annualized costs in the budget month.

MAA Calculation: \$36,000/12 months = \$3000, household is over-income for MAA in the budget month.

MAF Calculation: \$36,000 - \$10,000 = \$26,000/12 months = \$2166.66. Using the [DHS 420A](#) and [DHS 420](#), you determine the household is over-income for MAF in the budget month.

Decision: Mom and child are not eligible for MAA. Determine eligibility for OHP.

Reminder: Do not convert, prorate or annualize income for OHP.

For more information see the [Budgeting Quick Reference Guide](#) and the [Self-Employment Comparison Chart](#).

Aligning Medical Redeterminations with SNAP Recertifications

Question 7: I recertified a family's SNAP benefits and placed them into a six-month certification. Can I redetermine medical to align with this SNAP certification period?

Answer 7: *No. You can only redetermine the medical case when establishing a 12-month SNAP certification. If you have already narrated that you were redetermining the medical benefits, make sure to clearly narrate why it was not completed.*

Question 8: My client's SNAP certification ended on 12/30/11, and they reapplied on 01/03/12. They have ongoing medical benefits. Can I redetermine medical eligibility and align the program end-dates?

Answer 8: *No. In this example the budget month for both programs would be January. The SNAP certification period would be 01/01/12 - 12/31/12, and the new medical eligibility period would be 2/1/12-1/31/13. The resulting program end-dates are not aligned. This is not a scenario when the medical could be redetermined.*

Redetermining medical to align with SNAP is only an option at SNAP recertification. Since the client's SNAP filing date is after their SNAP certification ended, it is no longer considered a recertification.

Question 9: My client is reapplying for SNAP in the last month of their SNAP certification period, and I want to process an early redetermination for medical to align the end-dates. But, their income has gone up enough to increase the premium amount. Should I still do it?

Answer 9: *Yes, even if it increases the client's premium amount, an early redetermination for the sake of end-date alignment is an option. Timely notice of this change is not required.*

Follow-up question: I spoke with my client before I processed the redetermination, and they expressed that they're afraid they could not afford an increased premium yet, and it may cause economic hardship. Since I already started the process, do I have to process the redetermination?

Answer: *The decision to redetermine the medical program case is up to the worker. The worker may choose not to redetermine the medical companion case when establishing a 12-month SNAP certification. If you have already narrated that you were redetermining the medical benefits, make sure to narrate clearly why it was not completed.*

Question 10: I want to process an early redetermination of medical benefits, but my client has past-due premiums. What should I do?

Answer 10: *When a case is being redetermined to align medical and SNAP eligibility periods and there are past due premiums for the most recent certification period, take the following steps:*

- *Pend for payment of past due premiums;*
- *If premiums are not paid by pend due date allow the current medical eligibility period for everyone on the case to remain as is; and*
- *If premiums are paid by pend due date, update everyone on the case with a new 12 month eligibility period.*

Note: *If a client is pended for any information necessary to process a medical redetermination to align with SNAP and does not respond, do not close OPC, OP6, CHP or OPU medical benefits. Also, do not require OHP-OPU applicants to pay premiums from certification periods prior to the most recent certification period. You may need to adjust to zero some past-due premiums. See [SS-PT-11-005](#) transmittal for more information.*

Question 11: *At SNAP recertification I am processing an early medical redetermination to align with the SNAP. The household's current income would put the OHP-OPU adults over the income limit. Should I still redetermine benefits?*

Answer 11: *No. If the new redetermination decision results in ineligibility, allow the ongoing OPC, OP6, CHIP and OPU certifications to remain as-is.*

Note: *If the new redetermination decision results in ineligibility for MAA/MAF program recipients, workers will need to act on the new information and convert to the appropriate program or close.*

Question 12: *I am processing an early medical redetermination to align the end-date with SNAP. Based on budget month income, the children would move from the OHP-OPC program to OHP-CHP. Would this be a reduction in benefits?*

Answer 12: *No, this is not a reduction in benefits as OPC and CHP are both OHP Plus level benefits. If clients are eligible for the same or a higher level of benefits, new MAA, OPC, OP6, and CHIP 12-month eligibility periods may be established.*

Question 13: *My client is reapplying for SNAP in February, 2012. His medical benefits were just redetermined two months ago, and his current program end date is December, 2012. Even though his medical was updated just two months ago, can I still redetermine medical now?*

Answer 13: *You can redetermine medical benefits to align with SNAP when you are recertifying a 12-month SNAP case. There is no minimum or maximum requirement regarding the amount of time the client has been in their current medical eligibility period.*

Question 14: My client reapplied for medical benefits in the last month of her medical eligibility period. Her SNAP benefits do not expire for another seven months. Can I just redetermine her medical benefits for a seven-month eligibility period to align with the SNAP end-date?

Answer 14: *No. The decision to align the certification periods is based on the date of the SNAP recertification. When a client is recertifying their SNAP benefits the medical can be redetermined at the same time. The result is a new 12-month period for medical which aligns with the recertified SNAP case. Medical benefits cannot be given less than a 12-month eligibility period when a redetermination is processed.*

Miscellaneous

Question 15: We approved a mom and her children for MAA two months ago based on her reported earnings of \$500 gross/month. This month she turned in a SNAP application and pay stubs for the past four months. The income is much higher than what she reported on the medical application. Can we close the medical benefits because it was opened using the wrong income amount?

Answer 15: *First evaluate whether or not the income amount on the original application was provided in error or fraudulently.*

If the income was listed in error for instance, they listed the net income instead of gross because they misunderstood the application, then initiate a DOR (using the date you discover the error) and redetermine ongoing eligibility.

If the client knowingly listed false information on the application and they would not have been eligible otherwise, close the case after giving a 10-day close notice. If the client contacts you before the benefits are closed to request medical establish a DOR and determine ongoing eligibility.

Question 16: I have a case with dad and children, all receiving EXT benefits. When I processed the [DHS 945](#), I determined the family was potentially eligible for MAA and dad had a potential UC claim, so I sent a pend notice. The family did not contact the agency before the pend notice due date. What do I do?

Answer 16: *Because the family did not respond to the pend notice, the whole case should be closed for failure to complete the application process. If the CM case has a BED need/resource coded, the computer will automatically close medical for dad and the children and send the close notice.*

Follow-up question: Would I do anything different if dad and children had originally been receiving OHP?

Follow-up answer: *For OHP only, if there is an ongoing OHP-OPU client and the only item to pend for is pursuit of UC, recertify everyone else in the household. Pend the ongoing OHP-OPU client for pursuit of UC and add the BED coding. Do not update the STD need/resource end date.*

If the client pended for pursuit of UC does not respond to the pend notice, the CM system will send the 77B BED close notice and end benefits for that client. CM will end benefits only for the person(s) whose medical was not recertified. Also, it will not end medical for pregnant women or AENs.

Note: *If there is no ongoing OHP-OPU client, do not pend the adults for UC.*

Question 17: Are there any requirements for how a notice should be worded when a client is pended to apply for UC?

Answer 17: *The pend notice should include a statement directing clients to contact the worker if they have concerns about applying for UC. Notice Writer notice GS0UCPD can be used when pending clients to apply for UC.*

Question 18: I have a client who is receiving MAA with her husband and children. They reported mom started a job and the earnings are over the MAA income standard. Can you please help me understand when their EXT should begin?

Answer 18: *The crux of when someone's EXT begins is based on when they report and whether or not they report timely.*

If they report timely and the month they are going over-income has not yet happened it is the first of the month they go over.

Example 1: *Mom reports February 28 her income will be over-income for MAA in March. EXT period is 3/1/12-2/28/13.*

If they report timely in the month they are over-income, it is the first of the next month.

Example2: *Mom reports March 1 she got a job February 23 and the income received will be over-income for MAA in March. Since she reported timely the EXT period is 04/01/12-03/31/13.*

If they do not report timely, it is the first of the month they went over income.

Example 1: *Mom reports March 25 she got a job and went over-income for MAA in February. EXT period is 02/01/12-01/31/13. Use a COMPUTE action effective the first of the next month to convert the family to EXT and use an AE2 date of 01/13 (because the 12 month eligibility period for EXT began February 2012).*

Example 2: *Mom submits a 945 in March and you determine she got a job and went over-income for MAA in November. EXT period is 11/01/11-10/31/12. Use a COMPUTE action effective the first of the next month to convert the family to EXT and use an AE2 date of 10/12 (because the 12-month eligibility period for EXT began November 2011).*

Note: Always narrate your reasoning for the EXT effective date.

Question 19: Is the [DHS 945](#) still being revised? If so will there be a question about resources on the revised form?

Answer 19: The [DHS 945](#) is still being revised. The revised form will include resource questions.

Question 20: I have a case where the family is receiving MAA and TANF. The father called and left a message indicating he had gone back to work and was going to be over income. No other details were given. I need to get more details for TANF; do I need to send a pend notice for medical as well?

Answer 20: If you have enough information to determine the household is over-income for MAA based on earnings, then convert the case to EXT. If you need more information to make the decision, then send a [DHS 210A](#) or the Notice Writer notice GSM210A. If you do not have enough information to determine whether or not they are still eligible for MAA or are now eligible for EXT **and** they did not respond to the pend notice, close the medical with a 10-day notice.

If you have any questions about this policy, contact:

Contact(s):	Vonda Daniels	503-945-6088
	Michelle Mack	503-947-5129
	Joyce Clarkson	503-945-6106
	Jewel Kallstrom	503-947-2316
	Christy Garland	503-947-5519
	Carol Berg	503-945-6072
Email:	Medical SSP-Policy	